Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 June 19, 2008
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-29565
District III 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Berry A Federal
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		8. Well Number
		8
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
550 W. Texas Ave., Suite 100 Midland, TX 79701		Loco Hills; Glorieta-Yeso 96718
4. Well Location		
Unit Letter F: 2080 feet from the North line and 1525 feet from the West line		
Section 21 Township 17S Range 30E NMPM County Eddy		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3645' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
OTHER:		ol Change
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
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COG Operating LLC respectfully request to have this well's pool changed from the Loco Hills; Glorieta,		
Yeso (96718) to the Mar Loco; Glorieta-Yeso (97866)		
RECEIVED		
DEC 21 2011		
		5
		NMOCD ARTESIA
Sand Date: 12/5/97		12/16/97
Spud Date:	Rig Release Date:	12/10/97
		,
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Y) (MM)	TITLE Regulatory Analyst	DATE 11/18/11
TILL Regulatory Aliaryst DATE 11/10/11		
Type or print name Netha Aaron E-mail address: oaaron@concho.com PHONE: 432-818-2319		
For State Use Only		
APPROVED BY: // Marilland TITLE & GOLOGIST DATE 1/4/2012		
Conditions of Approval (if any):		